

# ARE YOU AT RISK OF A **Heart Attack?**

Check **all** boxes that apply to you.

<input type="checkbox"/>	<b>AGE AND SEX.</b> I am a man older than 45 <b>OR</b> I am a woman older than 55.
<input type="checkbox"/>	<b>FAMILY HISTORY.</b> My father or brother had a heart attack before age 55; <b>OR</b> my mother or sister had a heart attack before age 65; <b>OR</b> my mother, father, sister, brother or grandparent had a stroke.
<input type="checkbox"/>	<b>HEART DISEASE MEDICAL HISTORY.</b> I have coronary heart disease, atrial fibrillation, angina or other heart condition(s) <b>OR</b> I have had a heart attack.
<input type="checkbox"/>	<b>BLOOD PRESSURE.</b> My blood pressure is 140/90 mm Hg or higher <b>OR</b> a health professional has said my blood pressure is too high <b>OR</b> I don't know what my blood pressure is.
<input type="checkbox"/>	<b>TOBACCO SMOKE.</b> I smoke <b>OR</b> live or work with people who smoke regularly.
<input type="checkbox"/>	<b>TOTAL CHOLESTEROL.</b> My total cholesterol is 200 mg/dL or higher <b>OR</b> I don't know my cholesterol level.
<input type="checkbox"/>	<b>HDL CHOLESTEROL.</b> My HDL (good) cholesterol is less than 40 mg/dL <b>OR</b> I don't know my HDL cholesterol level.
<input type="checkbox"/>	<b>LDL CHOLESTEROL.</b> My LDL (bad) cholesterol is too high <b>OR</b> I don't know my LDL cholesterol level.
<input type="checkbox"/>	<b>PHYSICAL ACTIVITY.</b> I get less than a total of 30 minutes of physical activity on most days.
<input type="checkbox"/>	<b>OVERWEIGHT.</b> I am 20 pounds or more overweight for height and build <b>OR</b> I have a body mass index (BMI) score of 25 or more.
<input type="checkbox"/>	<b>DIABETES.</b> I have diabetes (a fasting blood sugar of 126 mg/dL or higher) <b>OR</b> I need medicine to control my blood sugar.

If you checked two or more boxes, please see a health-care provider for a complete assessment of your risks!



NORTH DAKOTA  
DEPARTMENT of HEALTH

*Heart Disease & Stroke  
Prevention Program*